B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. **General site information**. Please provide the following information about the site:

a) Name of **facility/site**: Shell Branded Gasoline Station #137892			**Facility/site** address:	
Location of **facility/site**: longitude: 71°10'2.54" latitude: 42° 32' 31.98"	Facility SIC code (s): 4471		Street: 586 Main Street	
b) Name of facility/site **owner**: Motiva Enterprises LLC			Town: Wilmington	
Email address of owner: david.weeks@shell.com			State: MA	Zip: 01887	County: Middlesex
Telephone no. of facility/site **owner**: 845-462-5225					
Fax no. of facility/site **owner**: 845-462-4999			**Owner** is (check one) 1. Federal ☐ 2. State/Tribal ☐ 3. Private ☐ 4. other, ☒ if so, describe: Corporation	
Address of **owner** (if different from site):				
Street: PMB 301, 1830 South Road- Unit 24				
Town: Wappingers Falls	State: NY	Zip: 12590	County: Dutchness	
c.) Legal name of **operator**: Corporate Environmental Advisors, Inc.	**Operator** telephone no.: 508-835-8822			
	Operator fax no.: 508-835-8812		**Operator** email: smasse@cea-inc.com	
Operator contact name and title: Scott Masse, Project Manager				
Address of **operator** (if different from owner): same as owner	Street: 127 Hartwell Street			
Town: West Boylston	State: MA	Zip: 01583	County: Worcester	

d) Check "yes" or "no" for the following:

1. Has a prior NPDES permit exclusion been granted for the discharge? Yes No ☒, if "yes," number:

2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ☐ No ☒, if "yes," date and tracking #:

3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes ☒ No ☐

4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes ☒ No ☐

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ☐ No ☒, If "yes," please list: 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number:	f) Is the site/facility covered by any other EP A permit, including: 1. multi-sector storm water general permit? Yes ☐ No ☒, if Y, number: 2. phase I or II construction storm water general permit? Yes ☐ No ☒, if Y, number: 3. individual NPDES permit? Yes ☐ No ☒, if Y, number: 4. any other water quality related permit? Yes ☐ No ☒, if Y, number:

2. **Discharge information**. Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage: Dewatering during the gasoline service station underground storage tank replacement activities.		
b) Provide the following information about each discharge:	1) Number of discharge points: 1	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, W/s)? Max. flow 0.222 ft^3/sec Average flow 0.111 ft^3/sec Is maximum flow a **design value**? Yes ☒ No ☐, For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.
3) Latitude and longitude of each discharge within 100 feet: pt.1 :long. 71 °10'2.54" lat. 42° 32'31.98" ; pt.2: long. ___ lat. ___ ; pt.3: long. ___ lat. ___ ; pt.4:long. ___ lat. ___ ; pt.5: long. ___ lat. ___ ; pt.6:long. ___ lat. ___ ; pt.7: long. ___ lat. ___ ; pt.8:long. ___ lat. ___ ; etc.		

4) If hydrostatic testing, total volume of the discharge (gals): N/A	5) Is the discharge intermittent ☒ Or seasonal ☐ ? Is discharge ongoing Yes No ☒ Discharge is only during construction activities
c) Expected dates of discharge (mm/dd/yy): start 06/01/2007 end 09/30/2007	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: See attached figure 3. 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only ☒	VOC Only ☐	Primarily Metals ☐	Urban Fill Sites ☐	Contaminated Sumps ☐	Mixed Contaminants ☐	Aquifer Testing ☐
Fuel Oils (and Other Oils) only ☐	VOC with Other Contaminants ☐	Petroleum with Other Contaminants ☐	Listed Contaminated Sites ☐	Contaminated Dredge Condensates ☐	Hydrostatic Testing of Pipelines/Tanks ☐	Well Development or Rehabilitation ☐

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is believed present or believed absent in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	#of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
1. Total Suspended Solids		√	1	GRAB	160.2	4,000	86,000	46.9		
2. Total Residual Chlorine		√	1	GRAB	330.5	20	150	0.082		
3. Total Petroleum Hydrocarbons		√	1	GRAB	1664	4,100	5,000	2.7		
4. Cyanide	√		1	GRAB	335.3	10	<10	$<5.4^{E-3}$		
5. Benzene		√	1	GRAB	8260B	0.5	<0.5	$<2.7^{E-4}$		
6. Toluene		√	1	GRAB	8260B	1.0	< 1	$<5.4^{E-4}$		
7. Ethylbenzene		√	1	GRAB	8260B	1.0	< 1	$<5.4^{E-4}$		
8. (m,p,o) Xylenes		√	1	GRAB	8260B	1.0	<1.0	$<5.4^{E-4}$		
9. Total BTEX[4]		√	1	GRAB	8260B	-----	<1.0	$<5.4^{E-4}$		

[4]BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
10. Ethylene Dibromide (1,2- Dibromo-methane)	√		1	GRAB	504.1	0.015	< 0.015	$< 8.7^{E-6}$		
11. Methyl-tert-Butyl Ether (MtBE)		√	1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
12. tert-Butyl Alcohol (TBA)	√		1	GRAB	8260B	100	<100	$< 5.4^{E-2}$		
13. tert-Amyl Methyl Ether (TAME)	√		1	GRAB	8260B	2	< 2	$< 1.09^{E-3}$		
14. Naphthalene	√		1	GRAB	8270C	5.3	< 5.3	$< 2.8^{E-3}$		
15. Carbon Tetra-chloride	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
16. 1,4 Dichlorobenzene	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
17.1,2 Dichlorobenzene	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
18. 1,3 Dichlorobenzene	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
19. 1,1 Dichloroethane	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
20. 1,2 Dichloroethane	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
21. 1,1 Dichloroethylene	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
22. cis-l,2 Dichloro-ethylene	√		1	GRAB	8260B	1	< 1	$< 5.4^{E-4}$		
23. Dichloromethane (Methylene Chloride)	√		1	GRAB	8260B	2	<2	$<1.09^{E-3}$		
24. Tetrachloroethylene	√		1	GRAB	8260B	1	< 1	$<1.09^{E-3}$		

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/l)	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
25. 1,1,1 Trichloroethane	√		1	GRAB	8260B	1	< 1	< 5.4 E-4		
26. 1,1,2 Trichloroethane	√		1	GRAB	8260B	1	< 1	< 5.4 E-4		
27. Trichloroethylene	√		1	GRAB	8260B	1	< 1	< 5.4 E-4		
28. Vinyl Chloride	√		1	GRAB	8260B	1	< 1	< 5.4 E-4		
29. Acetone	√		1	GRAB	8260B	5	< 5	< 2.7 E-3		
30. 1,4 Dioxane	√		1	GRAB	8260B	25	< 25	< 1.36 E-2		
31. Total Phenols	√		1	GRAB	8270C	5.3	< 5.3	< 2.8 E-3		
32. Pentachlorophenol	√		1	GRAB	8270C	11	<11	< 6.0 E-3		
33. Total Phthalates [6] (phthalate esthers)	√		1	GRAB	8270C	5.3	All phthalates are BDL see lab report	-		
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	√		1	GRAB	8270C	37.1	< 37.1	< 2.0 E-2		
a. Benzo(a) Anthracene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E		
b. Benzo(a) Pyrene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E		
c. Benzo(b)Fluoranthene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E		
d. Benzo(k) Fluoranthene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E		
e. Chrysene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E		

[6] The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	#of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/l)	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
f. Dibenzo(a,h) anthracene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
g. Indeno(1,2,3-cd) Pyrene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
36. Total Group II Polycyclic Aromatic Hydrocarbons (pAR)	√		1	GRAB	8270C	47.7	< 47.7	< 2.5 E-2		
h. Acenaphthene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
i. Acenaphthylene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
j. Anthracene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
k. Benzo(ghi) Perylene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
I. Fluoranthene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
m. Fluorene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
n. Naphthalene-	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
o. Phenanthrene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
p. Pyrene	√		1	GRAB	8270C	5.3	<5.3	< 2.8 E-3		
37. Total Polychlorinated Biphenyls (PCBs)	√		1	GRAB	8082	0.5	<0.5	< 2.8 E-3		
38. Antimony		√	1	GRAB	200.7	1.6	1.6	8.7 E-4		
39. Arsenic		√	1	GRAB	200.7	1.3	3.2	1.7 E-3		
40. Cadmium		√	1	GRAB	200.7	0.24	0.24	1.3 E-4		
41. Chromium III (1)	√		1	GRAB	calculated	Not Detected	Not Detected	-		
42. Chromium VI	√		1	GRAB	846	< 10	< 10	< 5.4 E-3		

NOTES: (1) Chromium III = Total Chromium – Hexavalent Chromium

PARAMETER	Believe Absent	Believe Present	#of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
43. Copper (2)		√	1	GRAB	200.7	0.79	1.3	7.0 E-4		
44. Lead		√	1	GRAB	200.7	1.7	1.7	9.2 E-4		
45. Mercury		√	1	GRAB	245.1	0.018	<0.018	9.8 E-6		
46. Nickel		√	1	GRAB	200.7	0.7	1.5	8.1 E-4		
47. Selenium		√	1	GRAB	200.7	3.3	3.3	1.7 E-3		
48. Silver		√	1	GRAB	200.7	0.59	0.59	3.2E-4		
49. Zinc		√	1	GRAB	200.7	1.1	34.7	1.89 E-2		
50. Iron		√	1	GRAB	200.7	10	495	2.69 E-1		
Other (describe):	----	----	----	----	----	----	----	----	----	----

NOTES: (2) Total Copper, Instrument Detection Level (IDL) = 5 ug/l

c. For discharges where **metals** are believed present, please fill out the following:

Step 1: Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y ☒ N ☐	If yes, which metals? Iron, Zinc.
Step 2: For any metals which have **reasonable potential** to exceed the **Appendix III** limits, calculate the **dilution factor (DF)** using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: iron, zinc, antimony, arsenic, cadmium, lead, nickel, selenium, silver DF: NA.	Look up the limit calculated at the corresponding dilution factor in **Appendix IV**. Do any of the metals in the **influent** have the potential to exceed the corresponding **effluent** limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y ☒ N ☐ If "Yes," list which metals: iron, zinc, antimony, arsenic, cadmium, lead, nickel, selenium, silver.

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:
See Figure 3.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank ☒	Air stripper ☐	Oil/water separator ☐	Equalization tanks ☐	Bag filter ☒	GAC filter ☒
	Chlorination ☐	Dechlorination ☐	Other (please describe):			

c) Proposed **average** and **maximum flow rates** (gallons per minute) for the discharge and the **design flow rate**(s) (gallons per minute) of the treatment system:

Average flow rate of discharge 50 GPM Maximum flow rate of treatment system 100 GPM Design flow rate of treatment system 100 GPM

d) A description of chemical additives being used or planned to be used (attach MSDS sheets): Not Applicable

5. Receiving surface water(s). Please provide information about the receiving water (s) using separate sheets as necessary, including:

a) Identify the discharge pathway:	Direct ☐	Within facility ☐	Storm drain ☒	River/brook ☐	Wetlands _☐	Other (describe):

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
Discharge to a stormwater catch basin located on Lowell Street (STA 12 & 92 RT). The discharge passes through the drainage system in Lowell Street and is discharged to Maple Meadow Brook.

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:
1. For multiple discharges, number the discharges sequentially.
2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water
The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water ___.

e) Provide the reported or calculated seven day-ten year low flow (7QlO) of the receiving water _NA_cfs

Please attach any calculation sheets used to support stream flow and dilution calculations. NA .

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes ☐ No ☐ If yes, for which pollutant(s)? NA

Is there a TMDL? Yes ☐ No ☐ If yes, for which pollutant(s)?

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes ☐ No ☒
Has any consultation with the federal services been completed? Yes ☐ No ☒ or is consultation underway? Yes ☐ No ☒

What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one): Not applicable

a "no jeopardy" opinion? ☐ or written concurrence☐ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?

Yes ☐ No ☒ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes ☐ No ☒

7. Supplemental information. :

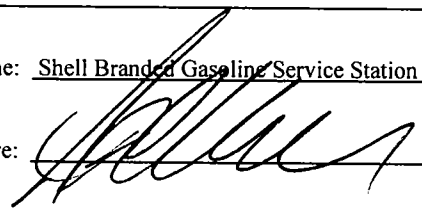
Please provide any supplemental information. **Attach any analytical data used to support the application**. Attach any certification(s) required by the general permit.

See cover letter.

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name: Shell Branded Gasoline Service Station # 137892, 586 Main Street, Wilmington, MA 01887.

Operator signature: 

Title: Scott A. Masse, Project Manager

Date: 5/18/07